

SERFF Tracking Number: GARD-126380451 State: Arkansas  
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 44110  
Inc.  
Company Tracking Number: 09-AGR  
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable  
Product Name: 09-AGR Endorsements  
Project Name/Number: 09-AGR Endorsements/09-AGR

## Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: 09-AGR Endorsements SERFF Tr Num: GARD-126380451 State: Arkansas  
TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44110  
Variable and Variable Closed  
Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: 09-AGR State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 11/19/2009  
Authors: Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Carol Nardella, Monica Wilson, Connie Gelfat, Carline Hamilton, Kathleen Tobin  
Date Submitted: 11/16/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: Implementation Date:  
State Filing Description:

## General Information

Project Name: 09-AGR Endorsements Status of Filing in Domicile: Pending  
Project Number: 09-AGR Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small  
Overall Rate Impact: Group Market Type: Employer  
Filing Status Changed: 11/19/2009 Explanation for Other Group Market Type:  
State Status Changed: 11/19/2009  
Deemer Date: Created By: Louis A Conte  
Submitted By: Peter Diggins Corresponding Filing Tracking Number:  
Filing Description:

Re: The Guardian Insurance & Annuity Company, Inc. (GIAC)

SERFF Tracking Number: GARD-126380451 State: Arkansas  
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 44110  
Inc.  
Company Tracking Number: 09-AGR  
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Group Endorsement Forms 09-AGR Advantage and 09-AGR Choice

Application form GVFA-APP 2009

Enclosed for your review and approval are the forms listed above. The endorsements do not replace any form previously approved by your Department. We intend to introduce these forms in December of this year, subject to approval by your Department.

Endorsement 09-AGR Advantage

This endorsement modifies our group annuity contract (see Appendix A for form number and approval date) so that the daily asset charge and contract charge is based on the aggregate investment value of multiple contracts. This endorsement will be attached to contracts where a Trustee/Plan Sponsor has multiple group contracts. This will allow an employer to set-up multiple retirement plans, for example a defined benefit plan and a defined contribution plan under separate contracts yet still realize benefits of lower overall daily asset charges and contract charges that would have applied had both plans been funded under one contract.

Endorsement 09-AGR Choice

This endorsement provides a similar benefit as the above endorsement but will be used with our group variable funding agreement (see Appendix A for form number and approval date). Another difference is that the only charge that varies by the asset level is the agreement charge so there is no reference to a daily asset charge.

Application GVFA-APP 2009

This application replaces application form GVFA-APP 2008 and will be used with the contract indicated in Appendix A. The only change in the application is to add an agent signature section.

These forms will be laser emitted or pre-printed with language identical to that approved by the Department. GIAC reserves the right to change the duplex printing, line location of sentences and words and the type font (but not the point size) of pages and forms without submitting them for approval.

A statement of variability is enclosed and indicates the fields on the endorsements and application that we would like to have considered as variable (denoted by brackets) and explains each of these variables in detail. Any applicable certifications and fees, if required, are included.

Readability requirements do not apply to these forms since they are used as a funding vehicle for a pension or profit sharing plan.

I hope that this submission is satisfactory and that we may receive your Department's approval at your earliest convenience.

SERFF Tracking Number: GARD-126380451 State: Arkansas  
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Variable and Variable  
Product Name: 09-AGR Endorsements  
Project Name/Number: 09-AGR Endorsements/09-AGR

Sincerely,

Pete Diggins  
Manager, Compliance  
Phone (212) 598-7436  
e-mail peter\_j\_diggins@glic.com

Encl.

## Company and Contact

### Filing Contact Information

Peter Diggins, Project Manager pdiggins@glic.com  
7 Hanover Square 212-598-7436 [Phone]  
H 25 A 212-919-2592 [FAX]  
New York, NY 10004

### Filing Company Information

The Guardian Insurance & Annuity Company CoCode: 78778 State of Domicile: Delaware  
Inc.  
7 Hanover Square Group Code: 429 Company Type:  
New York, NY 10004 Group Name: State ID Number:  
(212) 598-8000 ext. [Phone] FEIN Number: 13-2656036

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: Our domicile state [DE] fee is \$50 per form.  
3 forms x \$50 =\$150  
Per Company: No

SERFF Tracking Number: GARD-126380451 State: Arkansas  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$150.00	11/16/2009	32078425

SERFF Tracking Number:	GARD-126380451	State:	Arkansas
Filing Company:	The Guardian Insurance & Annuity Company	State Tracking Number:	44110
	Inc.		
Company Tracking Number:	09-AGR		
TOI:	A02.1G Group Annuities - Deferred Non-	Sub-TOI:	A02.1G.002 Flexible Premium
	Variable and Variable		
Product Name:	09-AGR Endorsements		
Project Name/Number:	09-AGR Endorsements/09-AGR		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/19/2009	11/19/2009

<i>SERFF Tracking Number:</i>	<i>GARD-126380451</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Insurance &amp; Annuity Company</i>	<i>State Tracking Number:</i>	<i>44110</i>
	<i>Inc.</i>		
<i>Company Tracking Number:</i>	<i>09-AGR</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>09-AGR Endorsements</i>		
<i>Project Name/Number:</i>	<i>09-AGR Endorsements/09-AGR</i>		

## Disposition

Disposition Date: 11/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126380451 State: Arkansas

Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 44110  
Inc.

Company Tracking Number: 09-AGR

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable

Product Name: 09-AGR Endorsements

Project Name/Number: 09-AGR Endorsements/09-AGR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Appendix A		Yes
Supporting Document	STATEMENTS OF VARIABILITY		Yes
Form	Endorsement		Yes
Form	Endorsement		Yes
Form	Group Variable Funding Agreement		Yes
	Application		

SERFF Tracking Number: GARD-126380451 State: Arkansas

Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 44110  
Inc.

Company Tracking Number: 09-AGR

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable

Product Name: 09-AGR Endorsements

Project Name/Number: 09-AGR Endorsements/09-AGR

## Form Schedule

### Lead Form Number: 09-AGR Advantage

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	09-AGR Advantage	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	09-AGR Advantage.pdf
	09-AGR Choice	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	09-AGR Choice.pdf
	GVFA-APP 2009	Application/ Group Variable Enrollment Funding Agreement Form Application	Revised	Replaced Form #: GVFA-APP 2008 Previous Filing #: #38957	0.000	GVFA-APP 2009.pdf



## Endorsement

This endorsement is attached to, and made part of Contract [\_\_\_\_\_]. To the extent any provisions contained in this endorsement are contrary to or inconsistent with those of the Contract, the provisions of this endorsement will control.

The Investment Value used to determine the Daily Asset Charge and the Contract Charge under the above Contract is equal to the total Investment Value of this Contract on the date either of the above charges is determined plus the Investment Value on that same date for Contract(s) [\_\_\_\_\_].

**The Guardian Insurance & Annuity Company, Inc.**

-   
Secretary

## Endorsement

This endorsement is attached to, and made part of Agreement [\_\_\_\_\_]. To the extent any provisions contained in this endorsement are contrary to or inconsistent with those of the Agreement, the provisions of this endorsement will control.

The Investment Value used to determine the Agreement Charge under the above Agreement is equal to the total Investment Value of this Agreement on the date the charge is determined plus the Investment Value on that same date for Agreement(s) [\_\_\_\_\_].

**The Guardian Insurance & Annuity Company, Inc.**

  
Secretary



GUARDIAN®

**Regular Mail:**

Group Retirement Solutions Service Center  
P.O. Box 26280  
Lehigh Valley, PA 18002-6280

**Express Mail:**

Group Retirement Solutions Service Center  
1560 Valley Center Parkway, Suite 100  
Bethlehem, PA 18017-2289

**Executive Office:**

7 Hanover Square  
New York, NY 10004

[The Guardian Choice<sup>SM</sup>]

**Group Variable Funding Agreement Application**

*The Guardian Insurance & Annuity Company, Inc.*

**1. GROUP VARIABLE FUNDING AGREEMENT PLAN INFORMATION**

ABC Plan

Legal Plan Name

John Doe

Plan Trustee(s)

ABC Associates

(123)456-7890

Company Sponsoring Plan

45 Main Street

Anytown

Telephone Number

PA

12345

Mailing Address

City

State

Zip

Street Address (If mailing address is a P.O. Box)

City

State

Zip

**2. PLAN TYPE (For funding of Internal Revenue Code Section 401(a) plans only)**

☒ 401(k)

☐ Profit Sharing

☐ Money Purchase

☐ SIMPLE 401(k)

☐ Defined Benefit

☐ Other \_\_\_\_\_

**3. ALLOCATION OPTIONS**

**Variable Investment Options (Check all that apply.)**

☒ AllianceBernstein International Value Fund

☐ American Century Inflation-Adjusted Bond Fund

☒ American Century Diversified Bond Fund

☐ American Century Equity Income Fund

☐ American Century Real Estate Fund

☐ American Century Vista Fund

☐ BlackRock Equity Dividend Fund

☐ BlackRock Global Allocation Fund

☐ Columbia International Value Fund

☐ Columbia Marsico Growth Fund

☒ Columbia Small Cap Value I Fund

☐ Davis New York Venture Fund

☐ Fidelity Advisor High Income Advantage Fund

☐ Fidelity Advisor Small Cap Fund

☐ Franklin Growth Fund

☐ Goldman Sachs Mid Cap Value Fund

☐ Goldman Sachs Short Duration Government Fund

☐ Goldman Sachs Small Cap Value Fund

☐ Janus Forty Fund

☐ Janus Overseas Fund

☐ JP Morgan Mid Cap Growth Fund

☒ Perkins Mid Cap Value Fund

☐ PIMCO Short-Term Fund

☐ PIMCO Total Return Fund

☐ RS Emerging Markets Fund

☐ RS Investment Quality Bond Fund

☒ SSgA Russell 2000 Index Fund

☐ SSgA S&P 500 Index Fund

☐ SSgA S&P MidCap Index Fund

☐ SSgA EAFE Index Fund

☐ SSgA Short Term Investment Fund

☐ SSgA Bond Market Index Fund

☐ T. Rowe Price Equity Income Fund

☐ T. Rowe Price Growth Stock Fund

☐ T. Rowe Price Retirement Income Fund

☐ T. Rowe Price Retirement 2010 Fund

☐ T. Rowe Price Retirement 2020 Fund

☐ T. Rowe Price Retirement 2030 Fund

☐ T. Rowe Price Retirement 2040 Fund

☐ T. Rowe Price Short Term Bond Fund

**Fixed Rate Option (Check one.)**

☐ Yes

☐ No

#### 4. SIGNATURES

**For Residents of Arkansas, Kentucky, Louisiana, New Mexico, Ohio and Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Residents of District of Columbia (Washington D.C.) and Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Maine, Tennessee, Washington and Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For Residents of New Jersey:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For Residents of Oklahoma: Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For Residents of Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

All statements made in this application are true to the best of my (our) knowledge and belief, and I (we) agree that they are adopted by and are binding on me (us) and shall form the basis for the Group Variable Funding Agreement ("the Agreement") issued by The Guardian Insurance & Annuity Company, Inc. ("the Company"). I (we) understand that the Agreement applied for shall not take effect until receipt and acceptance of this application, completed in good order, at the Company's Customer Service Center. If the Company fails to accept this application, no Agreement will be issued and any Deposit will be refunded. No agent can change the Agreement, waive any of the Company's requirements, or waive the requirement to answer any question on this application. I (we) further agree that this application shall be affixed to and become part of the Agreement and I (we) verify my (our) understanding that all payments and values provided by the Agreement, when based on the investment experience of the separate account, are variable and are not guaranteed as to a specific dollar amount. I (we) represent that the Plan is qualified under Internal Revenue Code Section 401(a) and is therefore exempt from taxation under Section 501(a). I (we) agree that I (we) understand the terms and conditions of the Agreement. I (we) acknowledge receipt of the Disclosure Document, the Specimen Agreement and the Agreement Offer and agree that I (we) understand the charges and fees, as described in these documents, which may be assessed under the Agreement. As trustee of the above-referenced Plan and acting as a fiduciary on behalf of the Plan, I (we) further acknowledge that this Agreement is a suitable funding vehicle for the Plan.

John Doe

Name of Plan Trustee(s)

by: <u>John Doe</u>	<u>04/29/08</u>		
Plan Trustee Signature	Date	Plan Trustee Signature	Date

#### 5. AGENT INFORMATION

Jack Smith

Agent or Registered Representative (Type or print name.)

Jack Smith

Agent or Registered Representative Signature

Smith Financial Group

Name of Broker Dealer (Type or print name.)

456 North Broad Street

Dealer Branch Office Street Address

215-555-1234

Telephone

Branch Office

(123) 222-3456

Fax

627-53894

Branch No. / R.R. No.

Anytown

City

JSmith@hotmail.com

E-mail

PA

State

12345

Zip

State License # (Florida Reps Only)

Co-Agent/Co-Registered Representative (if any)

Branch No. / R.R. No.

Co-Agent/Co-Registered Representative Signature

SERFF Tracking Number: GARD-126380451 State: Arkansas  
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Variable and Variable  
Product Name: 09-AGR Endorsements  
Project Name/Number: 09-AGR Endorsements/09-AGR

## Supporting Document Schedules

Item Status: Status  
Date:

**Satisfied - Item:** Flesch Certification

**Comments:**

Readability requirements do not apply to these forms since they are used as a funding vehicle for a pension or profit sharing plan.

**Attachment:**

Certificate of Compliance with Arkansas Rules and Regulations 6 19 and 49.pdf

Item Status: Status  
Date:

**Satisfied - Item:** Application

**Comments:**

the application for approval is on the form schedule

Item Status: Status  
Date:

**Bypassed - Item:** Life & Annuity - Acturial Memo

**Bypass Reason:** not applicable to our filing

**Comments:**

Item Status: Status  
Date:

**Satisfied - Item:** Appendix A

**Comments:**

Appendix A

**Attachment:**

ARK APPENDIX A.pdf

Item Status: Status

*SERFF Tracking Number:*      *GARD-126380451*      *State:*      *Arkansas*  
*Filing Company:*      *The Guardian Insurance & Annuity Company*      *State Tracking Number:*      *44110*  
   *Inc.*  
*Company Tracking Number:*      *09-AGR*  
*TOI:*      *A02.1G Group Annuities - Deferred Non-*      *Sub-TOI:*      *A02.1G.002 Flexible Premium*  
   *Variable and Variable*  
*Product Name:*      *09-AGR Endorsements*  
*Project Name/Number:*      *09-AGR Endorsements/09-AGR*

**Date:**

**Satisfied - Item:**      STATEMENTS OF VARIABILITY

**Comments:**

statements of variability

**Attachments:**

Statement of Variability Form GVFA-APP 2009.pdf

Statement of Variability Forms 09-AGR Advantage and 09-AGR Choice.pdf



**Certificate of Compliance with Arkansas  
Rules and Regulations 6, 19 and 49**

Insurer: The Guardian Insurance & Annuity Company, Inc.

Form Number(s): 09-AGR Advantage ; 09-AGR Choice ; GVFA-APP 2009

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 6, 19 and 49.

A handwritten signature in black ink, appearing to read 'Douglas Dubitsky', with a stylized flourish at the end.

Signature of Company Officer

Name: Douglas Dubitsky

Title: Vice President Product Management

Date: Nov. 13, 2009

## **APPENDIX A**

### **AR**

#### **Contracts used with enclosed endorsements**

<b>New endorsement</b>	<b>Contract form number</b>	<b>Approval date</b>
09-AGR Advantage	GVA 9000	2/1/1996
09-AGR Choice	08-GVFA	5/20/2008 #38957

#### **Application information**

<b>New application</b>	<b>Use with contract</b>	<b>Replaced application</b>	<b>Replaced Application Approval date</b>
GVFA-APP 2009	08-GVFA	GVFA-APP 2008	5/20/2008 #38957



## **Statement of Variable Material for Form GVFA-APP 2009**

Our submission of the above form to your state for approval includes a number of areas in the form that have been bracketed as variable to allow changes without requiring the form to be resubmitted for approval.

<b>Variable</b>	<b>Description</b>	<b>Page</b>	<b>Range of Data, if applicable, or explanation of data</b>
Variable 1	Product Name	1	Marketing name of the product that the application will be used to apply for. This is marked as variable since we would like to have the ability to change the marketing name of the product without resubmitting the application. The current marketing name is The Guardian Choice.
Variable 2	CSO Mail Address	1	This is the mailing address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to have the ability to change the mailing address of the service office without resubmitting the applications. The current CSO address is PO Box 26280, Lehigh Valley, PA 18002-6280.
Variable 3	CSO Express Mail Address	1	This is the street address that is used to correspond via overnight mail with the Company with respect to this product. This is marked as variable in case the street address of our service office changes. The current street address is 1560 Valley Center Parkway, Suite 100, Bethlehem PA 18017-2289.
Variable 4	Company Executive Office	1	This is the address of the Company's Executive Office. This is marked as variable in case the street address of our executive office changes. The current address is 7 Hanover Square, New York, NY 10004.
Variable 5	Variable Investment Options	1	This is the listing of variable investment options that are available under this product. Appendix A attached to this document lists the current variable investment options that will be available for this product.
Variable 6	Fixed Rate Option	1	This is marked as a variable in case in the future we decide to not make the Fixed Rate Option available for this product, we can revise the application to no longer show this option.



GUARDIAN®

**Regular Mail:**

Group Retirement Solutions Service Center  
P.O. Box 26280  
Lehigh Valley, PA 18002-6280

Variable 2

**Express Mail:**

Group Retirement Solutions Service Center  
1560 Valley Center Parkway, Suite 100  
Bethlehem, PA 18017-2289

Variable 3

Variable 1

[The Guardian Choice<sup>SM</sup>]

**Group Variable Funding Agreement Application**

*The Guardian Insurance & Annuity Company, Inc.*

**Executive Office:**

7 Hanover Square  
New York, NY 10004

Variable 4

**1. GROUP VARIABLE FUNDING AGREEMENT PLAN INFORMATION**

ABC Plan

Legal Plan Name

John Doe

Plan Trustee(s)

ABC Associates

Company Sponsoring Plan

45 Main Street

Mailing Address

Anytown

City

(123)456-7890

Telephone Number

PA

State

12345

Zip

Street Address (If mailing address is a P.O. Box)

City

State

Zip

**2. PLAN TYPE (For funding of Internal Revenue Code Section 401(a) plans only)**

☒ 401(k)

☐ Profit Sharing

☐ Money Purchase

☐ SIMPLE 401(k)

☐ Defined Benefit

☐ Other \_\_\_\_\_

**3. ALLOCATION OPTIONS**

**Variable Investment Options (Check all that apply.)**

☒ AllianceBernstein International Value Fund

Variable 5

☐ American Century Inflation-Adjusted Bond Fund

☒ American Century Diversified Bond Fund

☐ American Century Equity Income Fund

☐ American Century Real Estate Fund

☐ American Century Vista Fund

☐ BlackRock Equity Dividend Fund

☐ BlackRock Global Allocation Fund

☐ Columbia International Value Fund

☐ Columbia Marsico Growth Fund

☒ Columbia Small Cap Value I Fund

☐ Davis New York Venture Fund

☐ Fidelity Advisor High Income Advantage Fund

☐ Fidelity Advisor Small Cap Fund

☐ Franklin Growth Fund

☐ Goldman Sachs Mid Cap Value Fund

☐ Goldman Sachs Short Duration Government Fund

☐ Goldman Sachs Small Cap Value Fund

☐ Janus Forty Fund

☐ Janus Overseas Fund

☐ JP Morgan Mid Cap Growth Fund

☒ Perkins Mid Cap Value Fund

☐ PIMCO Short-Term Fund

☐ PIMCO Total Return Fund

☐ RS Emerging Markets Fund

☐ RS Investment Quality Bond Fund

☒ SSgA Russell 2000 Index Fund

☐ SSgA S&P 500 Index Fund

☐ SSgA S&P MidCap Index Fund

☐ SSgA EAFE Index Fund

☐ SSgA Short Term Investment Fund

☐ SSgA Bond Market Index Fund

☐ T. Rowe Price Equity Income Fund

☐ T. Rowe Price Growth Stock Fund

☐ T. Rowe Price Retirement Income Fund

☐ T. Rowe Price Retirement 2010 Fund

☐ T. Rowe Price Retirement 2020 Fund

☐ T. Rowe Price Retirement 2030 Fund

☐ T. Rowe Price Retirement 2040 Fund

☐ T. Rowe Price Short Term Bond Fund

**Fixed Rate Option (Check one.)** Variable 6 ☐ Yes

☐ No

#### 4. SIGNATURES

**For Residents of Arkansas, Kentucky, Louisiana, New Mexico, Ohio and Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Residents of District of Columbia (Washington D.C.) and Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Maine, Tennessee, Washington and Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For Residents of New Jersey:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For Residents of Oklahoma: Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For Residents of Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

All statements made in this application are true to the best of my (our) knowledge and belief, and I (we) agree that they are adopted by and are binding on me (us) and shall form the basis for the Group Variable Funding Agreement ("the Agreement") issued by The Guardian Insurance & Annuity Company, Inc. ("the Company"). I (we) understand that the Agreement applied for shall not take effect until receipt and acceptance of this application, completed in good order, at the Company's Customer Service Center. If the Company fails to accept this application, no Agreement will be issued and any Deposit will be refunded. No agent can change the Agreement, waive any of the Company's requirements, or waive the requirement to answer any question on this application. I (we) further agree that this application shall be affixed to and become part of the Agreement and I (we) verify my (our) understanding that all payments and values provided by the Agreement, when based on the investment experience of the separate account, are variable and are not guaranteed as to a specific dollar amount. I (we) represent that the Plan is qualified under Internal Revenue Code Section 401(a) and is therefore exempt from taxation under Section 501(a). I (we) agree that I (we) understand the terms and conditions of the Agreement. I (we) acknowledge receipt of the Disclosure Document, the Specimen Agreement and the Agreement Offer and agree that I (we) understand the charges and fees, as described in these documents, which may be assessed under the Agreement. As trustee of the above-referenced Plan and acting as a fiduciary on behalf of the Plan, I (we) further acknowledge that this Agreement is a suitable funding vehicle for the Plan.

John Doe

Name of Plan Trustee(s)

by: John Doe  
Plan Trustee Signature

04/29/08

Date

Plan Trustee Signature

Date

#### 5. AGENT INFORMATION

Jack Smith

Agent or Registered Representative (Type or print name.)

Jack Smith

Agent or Registered Representative Signature

Smith Financial Group

Name of Broker Dealer (Type or print name.)

456 North Broad Street

Dealer Branch Office Street Address

215-555-1234

Telephone

Branch Office

(123) 222-3456

Fax

627-53894

Branch No. / R.R. No.

Anytown

City

JSmith@hotmail.com

E-mail

PA

State

12345

Zip

State License # (Florida Reps Only)

Co-Agent/Co-Registered Representative (if any)

Branch No. / R.R. No.

Co-Agent/Co-Registered Representative Signature

## Appendix A

### List of Variable Funds for Variable 5

This is a current listing of funds, subject to change

AllianceBernstein International Value Fund	PIMCO Short-Term Fund
American Century Diversified Bond Fund	PIMCO Total Return Fund
American Century Equity Income Fund	RS Emerging Markets Fund
American Century Inflation Adjusted Bond Fund	RS Investment Quality Bond Fund
American Century Real Estate Fund	SSgA Bond Market Index Fund
American Century Vista Fund	SSgA EAFE Index Fund
BlackRock Equity Dividend Fund	SSgA Russell 2000 Index Fund
BlackRock Global Allocation Fund	SSgA S&P 500 Index Fund
Columbia International Value Fund	SSgA S&P MidCap Index Fund
Columbia Marsico Growth Fund	SSgA Short Term Investment Fund
Columbia Small Cap Value I Fund	T. Rowe Price Equity Income Fund
Davis NY Venture Fund	T. Rowe Price Growth Stock Fund
Fidelity Advisor High Income Advantage Fund	T. Rowe Price Retirement 2010 Fund
Fidelity Advisor Small Cap Fund	T. Rowe Price Retirement 2020 Fund
Franklin Growth Fund	T. Rowe Price Retirement 2030 Fund
Goldman Sachs Mid Cap Value Fund	T. Rowe Price Retirement 2040 Fund
Goldman Sachs Short-Duration Government Fund	T. Rowe Price Retirement Income Fund
Goldman Sachs Small Cap Value Fund	T. Rowe Price Short Term Bond Fund
Janus Forty Fund	
Janus Overseas Fund	
JP Morgan Mid Cap Growth Fund	
Perkins Mid Cap Value Fund	

## **Statement of Variable Material for Forms 09-AGR Advantage and 09-AGR Choice**

Our submission of the above forms for approval in your state includes a number of areas in the forms that have been bracketed as variable to allow changes without requiring the forms to be resubmitted for approval.

Variable 1	Contract on which endorsement is attached		This variable will include the contract number of the contract to which the endorsement will be attached. The range of values for this field is restricted to the contract numbers that we assign to our group annuity contracts.
Variable 2	Aggregate investment value Contract(s)		This value will be the contract number(s) for the contract that will be used in determining the aggregate investment value use to calculate contract charges that are banded based on the contract's investment value. The contract numbers will correspond to contracts that are owned by the same Trustee/plan sponsor. Typically only one contract number will appear in this section. However it is possible that multiple plans will be established by a plan sponsor so more than one contract number could be in this field, but no more than seven contract numbers will appear.